

If the Care is:	And the service is:	Submit claim within	Documents should include
Preauthorized	Facility Charge (Inpatient and Outpatient)	30 days of patient discharge	-837 I EDI claim or UB 92 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ progress notes
Preauthorized	Physician Charge Other professional services Including Ambulance (Inpatient or Outpatient)	30 days from date of outpatient care or discharge from inpatient hospital care	-837 P EDI claim or CMS 1500 and itemized statement of charges -Outpatient Hospital Emergency Treatment Records/progress notes
Not Preauthorized	Emergency Medical Care Facility Charge (Inpatient and Outpatient)	As soon as possible but no later than 2 years from date of service	-837 I EDI claim or UB 92 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ progress notes -Completed VA Form 10-583
Not Preauthorized	Physician Charge Other professional services Including Ambulance (Inpatient or Outpatient)	As soon as possible but no later than 2 years from date of service	-837 P EDI claim or CMS 1500 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ progress notes -Completed VA Form 10-583
Not Preauthorized – Millennium Bill	Emergency Medical Care Facility Charge (Inpatient and Outpatient)	90 days from determination of no other health care payer. Veteran is solely responsible for costs of health care	-837 I EDI claim or UB 92 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ progress notes -Certification of no other Payer for the services billed
Not Preauthorized – Millennium Bill	Physician Charge Other professional services Including Ambulance (Inpatient or Outpatient)	90 days from determination of no other health care payer. Veteran is solely responsible for costs of health care	-837 P EDI claim or CMS 1500 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ progress notes -Certification of no other Payer for the services billed



Department of Veterans Affairs  
Health Administration Center

## How To File A Claim For Non-VA Provided Care

**Fee-Provider**  
**2004**



Fee-01

## Claim Filing Instructions:

VA requires the following minimum information to be available on all claims submitted for consideration of payment of costs of medical services provided to veterans:

- Full Name (include middle initial)
- Full Address (include zip code)
- Social Security Number
- Full name of Provider
- Professional status of provider (MD, PhD, CRNA etc.)
- Full address where care was provided
- Full address of where payment should be sent
- Completed CMS 1500 and/or UB-92 billing forms
- Copy of insurance card information on any other health insurance covering the veteran

## Electronic Claims

VA does accept electronic health care claims that satisfy criteria established in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). VA is a commercial payer for electronic health care claims. The electronic payer ID numbers are:

*VA Fee Basis Programs:*

Institutional and Professional Claims:  
Payer ID 12115

*VA Fee Basis Programs:*

Dental Claims: Payer ID 12116

All Fee Dental care must be authorized in advance. Please note that the submission of an Electronic Dental Claim continues to require the return of the paper fee dental authorization.

## Paper Claims

Claims for payment of health care services provided to veterans should be submitted to the Fee Department of the VA Facility that authorized payment of care in advance. If you are not sure if VA authorized payment of care in advance, you may submit health care claims to the nearest VA Medical Center Fee Department.

## Filing Information for Claims Not Preauthorized

All health care claims considered for services not preauthorized by VA will require additional information (claims for treatment of medical emergencies when the veteran was not able to obtain treatment at VA facilities):

- VA Form 10-583 with information in Part 1 Blocks 1,2,3,4 and 5 completed by the claimant.
- You can obtain the VA Form 10-583 and additional information from the Fee Department at any VA Medical Center.
- Claims considered for payment under the Millennium Bill, “payer of last resort” require certification by the claimant that no other health care payer exists for the specific claims being filed.

## Claims Requiring Medical Documentation

In order to process claims expeditiously it is helpful to provide the medical records and reports with the following types of claims for the dates of service on the claims. The table provided (opposite) reflects the documents required.

## Filing Deadlines

VA Fee Basis programs have different claims filing deadlines depending on how the claim is being considered for payment. The table provided (opposite) reflects the timelines for those programs.

Please contact your local VA Medical Center Fee Department for additional information and assistance in filing claims for the health care services provided to the veteran.

Your Local VA Medical Center Fee Department is located at: